

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/508934

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	3					
5	1					
6	1					
7	2					
8	2					
9	0					
10	①					
11	1					
12	1					
13	1					
14	1					
15	1					
16	1					
17	1					
18	1					
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50						
TOTAL IND.	23					
TOTAL DEP.	08	↓	↓	↓		
TOTAL CLAIMS	21	↓	↓	↓		

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.		↓	↓	↓		
TOTAL CLAIMS		↓	↓	↓		

BEST AVAILABLE COPY